



Atty. Dkt. No. 016891-0861

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Masaki SHIMAMURA  
Title: CELLULAR PHONE AND ATTACHMENT THEREOF  
Appl. No.: Unassigned  
Filing Date: November 7, 2003  
Examiner: Unassigned  
Art Unit: Unassigned



**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Masaki SHIMAMURA

Enclosed are:

- [ X ] Application Data Sheet (37 CFR 1.76) (2 pages).
- [ X ] Specification, Claim(s), and Abstract (20 pages).
- [ X ] Formal drawings (13 sheets, Figures 1A, 1B, 1C, 1D, 2, 3A, 3B, 3C, 4, 5A, 5B, 5C, 5D, 5E, 6A, 6B, 7A, 7B, 7C, 7D, 7E, 8A, 8B, 8C, 8D, 8E, 9-12, 13A, 13B, 13C, 14).
- [ X ] Declaration and Power of Attorney (4 pages).
- [ X ] Assignment of the invention to NEC CORPORATION (2 pages).
- [ X ] Assignment Recordation Cover Sheet.
- [ X ] Claim for Convention Priority and Priority Document.
- [ X ] Information Disclosure Statement (2 pages).

☒ Form PTO/SB/08 with copies of 1 listed reference(s).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00		\$770.00
Total	33	-	20	=	13	x	\$18.00	=	\$234.00
Claims:									
Independ	3	-	3	=	0	x	\$86.00	=	\$0.00
ents:									
If any Multiple Dependent Claim(s) present:						+	\$290.00	=	\$0.00
							SUBTOTAL:	=	\$1004.00
<input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):								=	\$0.00
							TOTAL FILING FEE:	=	\$1,004.00
Assignment Recordation Fee:						+	\$40.00	=	\$40.00
							TOTAL FEE	=	\$1,044.00

☒ A check in the amount of \$1,044.00 to cover the filing fee and fee for recordation of Assignment is enclosed.

☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: November 7, 2003

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